



THRIFT SAVINGS PLAN

CHANGE IN MONTHLY PAYMENTS

TSP-U-73

I. INFORMATION ABOUT YOU

1. Name _____
Last First Middle
2. _____ - _____ - _____ 3. _____ / _____ / _____ 4. (_____) _____ - _____
Social Security Number Date of Birth (mm/dd/yyyy) Daytime Phone (Area Code and Number)
5. Address _____
Street address or box number
6. City _____ 7. _____ 8. _____
State/Country Zip Code

II. TYPE OF REQUEST

Choose either Item 9 **or** Item 10. Check **only one box** in this section. If you want to make a change to be effective immediately and also an annual change, complete a **separate Form TSP-U-73 for each type of change**. If one of the boxes in Item 9 is checked, this entire request will be effective immediately. **Change in Item 10 are only allowed to be made annually** and the form must be received by December 15. If you are requesting an annual change, **all** of the information in this request will apply at that time.

9. Effective immediately

- ☐ I want a final single payment of my entire account balance.
- ☐ I want to change transfer or direct deposit information for my current payments.

OR

10. Annual change (Due December 15)

- ☐ Change from TSP-computed payments to \$_____ per month (must be at least \$25).
- ☐ Change the dollar amount of my payments to \$_____ per month (must be at least \$25).

III. AMOUNT TO BE TRANSFERRED TO IRA OR PLAN

11. Do you want to have all or a part of your payment(s) transferred to a traditional IRA or eligible employer plan? (Monthly payment amounts that result in payments over a period of 120 months or more **cannot be** transferred.)
- ☐ Yes (Complete Item 12 and go to Section IV.) ☐ No (Skip to Section V.)
12. Transfer _____% of my payment(s) to a traditional IRA or eligible employer plan. (Use whole percentages.) Note: Any amount not transferred will be paid to you by check unless you choose direct deposit in Section V.

IV. DIRECT WHERE YOUR TRANSFER IS GOING

Information
from your IRA
or Plan

(See instructions.)

13. Do you want to name (or change information about) an IRA or plan that is to receive your payment(s)?
- ☐ Yes (Have your IRA trustee or plan administrator complete this section. You should skip to Section V.)
- ☐ No (Skip to Section V.)
14. Type of Account ☐ Traditional IRA ☐ Eligible Employer Plan 15. _____
Account Number
16. Plan Name _____
17. Tax-exempt balances, if any, will be accepted into the account identified above. ☐ Yes ☐ No
18. Make check payable to _____
IRA Trustee or Plan Administrator (Limit response to 30 characters.)
19. Mail to _____
Name of institution or person, if different from Item 18
20. _____
Address City State Zip Code

I confirm the accuracy of the information in this section and the identity of the individual named in Item 1. I certify that the financial institution or plan agrees to accept the funds directly from the TSP and deposit them in the above-named IRA or eligible employer plan (as defined in section 402(c)(8) of the Internal Revenue Code).

21. _____ 22. (_____) _____ - _____
Typed or Printed Name of Certifying Representative Phone Number
23. _____ 24. _____
Signature of Certifying Representative Date Signed

INFORMATION AND INSTRUCTIONS

Use this form to:

- Change to a final single payment.
- Change the amount of each monthly payment that is transferred to a traditional IRA or eligible employer plan.
- Change the address or other information about the traditional IRA or eligible employer plan that is receiving your monthly payments, **or** designate a new IRA or plan.
- Stop your current monthly payments from being transferred to an IRA or plan.
- Have the part of your monthly payments that is not transferred to an IRA or plan sent directly to your checking or savings account by direct deposit (electronic funds transfer (EFT)).
- Cancel a current EFT or change the account that is to receive your monthly payments.

These changes will be effective immediately.

Also, use this form to:

- Change from TSP-computed payments to a specific dollar amount; or
- Change the dollar amount you are receiving.

These changes will be effective January 1, if your request is received by December 15 of this year.

Type or print the information requested. Make a copy of the completed form for your records and mail the original to: **TSP Service Office, National Finance Center, P.O. Box 61500, New Orleans, LA 70161-1500**, Telephone Number: (504) 255-8777; TDD: (504) 255-5113.

Note: The TSP will report all payments and transfers to the IRS on Form 1099-R, Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. A copy will be sent to you.

SECTION I. Provide all of the requested information.

SECTION II. Check **only one** of the boxes in Section II. If you check a box in Item 9, your change will ordinarily be made within 2 business days after the form is received by the TSP. If you check the box for a final single payment, the balance of your account will be distributed in a single payment. You can also provide new transfer and EFT information if you wish. If you check the box to change information regarding your monthly payments, you can change the transfer or direct deposit information for your current payments.

If you check one of the boxes in Item 10, your change will be effective on January 1 of the year after the form is received, as long as your form is received by December 15. If you check the box to change your TSP-computed payments to a specific dollar amount, you should keep in mind that this is a one-time-only change. In other words, you cannot later request to change back to TSP-computed payments from a specific dollar amount. You can, however, change the dollar amount you are receiving each year. The amount you choose must be at least \$25.

SECTION III. Complete Item 11. Check "Yes" if you want your final single payment or any portion of your monthly payments transferred to a traditional IRA or eligible employer plan. Also check "Yes" if you are currently having your monthly payments sent to an IRA or plan and want this payment method to continue. **Note:** All final single payments and monthly payments that are expected to last less than 10 years are considered "eligible rollover distributions" and may be transferred to a traditional IRA or an eligible employer plan.

Check "No" if you do not want any portion of your payment(s) transferred to an IRA or plan. Also check this box if you want to stop current transfers of all or part of your monthly payments.

If you checked "Yes" in Item 11, you must complete Item 12. Use whole percentages. Amounts not transferred to an IRA or plan will be paid to you by check unless you choose EFT (Section V). Some financial institutions and plans have minimum transfer amounts. Verify that your financial institution or plan will accept your new payment(s).

Note: If your uniformed services account includes tax-exempt balances, the withdrawal from your account will be based on the proportion of taxable and tax-exempt balances in your account. However, the taxable portion of your withdrawal will be transferred to your IRA or plan first. Tax-exempt money will be transferred **only if** the taxable portion of your withdrawal does not satisfy the percentage of your withdrawal that you elected to transfer to your IRA or plan **and** the IRA or plan certifies that it will accept tax-exempt money.

SECTION IV. If you chose to transfer your payment(s) to a traditional IRA or eligible employer plan (i.e., if you checked "Yes" in Item 11), you and the IRA trustee or plan administrator must complete this section before you submit this form to the TSP. The IRA trustee or plan administrator must ensure that the account described in this section is a "traditional IRA" or "eligible employer plan" as defined by the Internal Revenue Service. (They are also described in the TSP tax notice "Important Tax Information About Payments From Your TSP Account" which is available from the TSP Web site or the TSP Service Office.)

Do not submit transfer forms of financial institutions or plans; the TSP cannot accept them.

The financial institution or plan should retain a copy of this page to identify the account to which the check should be deposited when it is received. If the transfer is to a traditional IRA, the institution accepting the transfer should submit IRS Form 5498, IRA Contribution Information, to the IRS.

If you want to change or provide new transfer information, check "Yes" and continue. If you want your payment(s) to go to the IRA or plan that is currently receiving your monthly payments, check "No" in Item 13.

Type of Account and Account Number. In Item 14, indicate whether the transfer is to a traditional IRA or to an eligible employer plan and in Item 15 enter the account number, if available, to which the money is to be transferred. If the transfer is to an eligible employer plan, you must provide the plan name in Item 16.

Transfer of Tax-Exempt Balances. Members of the uniformed services, in certain circumstances, are entitled to contribute tax-exempt money to their uniformed services TSP accounts; therefore, their accounts may contain tax-exempt balances. (Tax-exempt balances are never subject to taxation.) If the participant's account includes a tax-exempt balance, the taxable portion of the withdrawal will be transferred first. Tax-exempt money will be transferred **only if** the taxable portion of the withdrawal does not satisfy the participant's transfer election **and** the IRA or plan accepts tax-exempt balances. If the IRA or plan does not accept tax-exempt balances, that portion will be paid directly to the participant. Check the appropriate box in Item 17 to indicate whether the IRA or plan will accept tax-exempt balances.

Make check payable to. In Item 18, provide the name of the IRA trustee or plan administrator as it should appear on the check. The check will be made payable to the party you provide here.

Mail to. If the check is to be mailed to someone other than the payee of the check, provide the name and address (Items 19 and 20) of the institution or person to whom the check should be sent.

The certifying representative must provide the requested information in Items 21 – 24.

Name:

Social Security Number:

**V.
REQUEST FOR
DIRECT DEPOSIT**

- 25.** Do you want the portion of your payment(s) that is not being transferred to an IRA or plan deposited directly in your checking or savings account?
- ☐ Yes (Complete this section to begin direct deposit or to change the bank account to which payment is made.)
- ☐ No (Go to Section VI. The portion of your payment(s) that is not being transferred will be mailed to your TSP address of record.)

26. _____
Name of Financial Institution

27. _____
Routing Number (*Must be 9 digits.*)

28. Type of Account ☐ Checking ☐ Savings

29. _____
Account Number

**VI.
CERTIFICATION**

I certify that the information I have provided is true and complete to the best of my knowledge. **Warning:** Any intentional false statement in this application or willful misrepresentation concerning it is a violation of law that is punishable by a fine of as much as \$10,000 or imprisonment for as long as 5 years, or both (18 U.S.C. 1001).

30. _____
Participant's Signature

31. _____
Date Signed

PRIVACY ACT NOTICE. We are authorized to request this information under 5 U.S.C. chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your uniformed services TSP account. We will use the information you provide on this form to process your request. This information may be shared with other Federal agencies or the uniformed services for statistical, auditing, or archiving purposes. In addition, we may share the information with law

enforcement agencies investigating a violation of civil, criminal, or military law, or agencies implementing a statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. We may also disclose relevant portions of the information to appropriate parties engaged in litigation. You are not required by law to provide this information, but if you do not provide it, we will not be able to process your request.

INFORMATION AND INSTRUCTIONS

SECTION V. Complete Item 25. Check "Yes" if you want any portion of your final single payment or monthly payments that is not being transferred to an IRA or plan deposited directly into your checking or savings account by EFT. Check "No" if you do not want to receive any of your payment(s) by EFT.

If you currently have monthly payments sent by EFT and there is no change to the financial institution or plan information, check "Yes," but do **not** complete the rest of this section. Otherwise, provide all of the requested information in Items 26 – 29. If you do not know the 9-digit Routing Number, ask your financial institution for it.

EFTs will be made only to a financial institution in the United States (i.e., the 50 States and the District of Columbia). EFT is a safer method of payment than mailing a check to you.

Note: If you checked one of the boxes in Item 10 indicating that you are requesting an annual change, your EFT will be effective at the same time as any other annual changes to your monthly payments.

SECTION VI. Read the certification; then sign and date the form.